STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964922	R 09/18/2018
NAME OF PROVIDER OR SUPPLIER **PACIFICA SENIOR LIVING OF PALM BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **4760 JOG ROAD** **GREENACRES, FL 33467**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit to licensure complaint survey, CCR#2018005110, was conducted on and at Pacifica Senior Living of Palm Beach, License # 9409. The facility had an uncorrected deficiency at the time of the visit.

This survey was completed in conjunction with a relicensure survey and a revisit to complaint survey CCR#2018004194, see separate reports for details.

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to ensure resident records were complete and maintained on file, for 1 of 2 sampled residents (Resident# 11).

The Findings Included:

On at approximately 2:30PM, a record review was completed for Resident# 11 and revealed, the first page of the facility contract was left blank. There was no residents name or who the contract agreement was made with, and the residents has a court appointment Guardian. The contract was signed and dated on by the residents court appointed Guardian. Further review of the residents record revealed the Agency for Health Care Administration Health assessment dated: , indicates resident receives assistance with self- administration of medication and there is no signed Informed Consent on file in the residents chart. At this time, the facility was provided an opportunity to locate the documentation.

On at approximately 3:00PM, during an interview with the Resident Care Director and the ECC Supervisor, they acknowledged the findings and provided no additional documentation for review.

Class
Uncorrected